

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION  
FOR ALCOHOL/DRUG ABUSE COUNSELORS**  
Home Study Form

INSTRUCTIONS: Form must be completed by the home study provider/sponsor. Print or type form.

Home Study Provider/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

(Street/P.O. Box)

(City)

(State)

(Zip)

Provider Representative

Completing Application: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

1. Program Title: \_\_\_\_\_

2. Hours Requested for Approval: \_\_\_\_\_

3. How is this training alcohol/drug specific or relevant to alcohol/drug clinical practice: \_\_\_\_\_

\_\_\_\_\_

Check below to indicate that each of the following items are attached:

☐ Description of the program content, objectives and methods of presentation.

☐ Outline of home study hours including information on how total hours requested were calculated.

☐ Names(s) of home study developer(s)/presenter(s) and resume, curriculum vita, or other documentation of each developer(s)/presenter(s) qualifications.

☐ Copy of the textbook and/or other materials utilized.

☐ Copy of the examination utilized, information on examination administration and method used to score the examination.

☐ Copy of certificate of completion to be issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed form with attachments to: Credentialing Division, Alcohol/Drug Abuse Counseling  
P.O. Box 94986, Lincoln NE 68509-4986

**For Division Use Only**

The above training is: Approved ☐ Denied ☐

Hours Approved: \_\_\_\_\_

Approval Number: \_\_\_\_\_

Reason For Denial: \_\_\_\_\_

\_\_\_\_\_

Division Authority \_\_\_\_\_

Date \_\_\_\_\_